

Radiologic Technologist Fluoroscopy Permit Application**page 1**

Last Name		First		M.I.
Failure to use your full legal name may result in your application or examination being denied.				
Date of Birth	Social Security Number		Phone Number	
Street or P.O. Box number		City	State	ZIP Code

Pursuant to the authority found in Section 114870 of the California Health and Safety Code and as required by Section 17520 of the California Family Code, providing the social security number is mandatory. The social security number will be used for purposes of identification. The information on this form may be provided to federal, state, or local agencies for law enforcement purposes. This information may also be provided to the American Registry of Radiologic Technologist for examination purposes. For information or access to your records, contact the Chief of the Certification Unit at the California Department of Health Services, Radiologic Health Branch, MS 7610, P.O. Box 997414, Sacramento, CA 95899-7414, (916) 327-5106.

Complete and return this form along with:

- ☐ A copy of your current California issued radiologic technology certificate.
- ☐ A copy of your radiologic technologist fluoroscopy permit school graduation diploma.
Or, if you have equivalent education, training and experience, see page 2 of this form.
- ☐ An application fee of \$75.00 in the form of a check or money order payable to **CDHS-RHB** (California Department of Health Services – Radiologic Health Branch).
- ☐ An examination fee of \$100.00 in the form of a cashier's check or money order made payable to **American Registry of Radiologic Technologist**. (The ARRT will not accept personal checks.)

I certify that the information provided with this application is true and correct. I understand that the California Department of Health Services may revoke permits or certificates that are procured by fraud, misrepresentation, or mistake, or for the nonpayment of fees. Further, I am aware that it is unlawful to use X-rays on human beings in this state unless I have been certified or granted a permit pursuant to the Radiologic Technology Act, I am acting within the scope of that certification or permit, and I am acting under the supervision of a licensee of the healing arts who is a certified supervisor or operator.

Signature	Date
-----------	------

Mail page 1 of this completed application with supporting documents and separate fee payments to: Certification Unit

California Department of Health Services
Radiologic Health Branch, MS 7610
P.O. Box 997414
Sacramento, CA 95899-7414

We will notify you by mail of your status within 30 days. If your application is accepted, we will notify the American Registry of Radiologic Technologists to mail you their instructions for scheduling an examination. Please read those instructions carefully and understand them fully. Your examination fee can not be refunded.

Radiologic Technologist Fluoroscopy Permit Application

page 2

You may send us a resume, in lieu of fluoroscopy school graduation diploma, if your education, training and experience in fluoroscopy is equivalent to that of the following curriculum:

classroom instruction in the following subjects:

- 10 hours of fluoroscopy regulations and radiation safety

- 5 hours of fluoroscopy equipment

- 4 hours of X ray image intensifiers

- 4 hours of television, including closed circuit equipment

- 6 hours of image recording and image recording equipment

- 5 hours of special fluoroscopy equipment

- 2 hours of mobile image intensified units

- 2 hours of anatomy and physiology of the eye

- 2 hours of three-dimensional and radiological anatomy

and 15 hours of laboratory in which you conducted experiments on phantoms that illustrated:

- Methods of reducing dose to patients during fluoroscopy procedures.

- Methods of reducing exposure to self and personnel.

- Image recording during the exposure of phantom.

- Quality control of fluoroscopy equipment.

Note: Your application fee can not be refunded if we deem your resume to not be satisfactory.